

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-177)

SERIAL NO.
10/019510

FILED DATE

APPLICANT(S)

12/21/04 8-6-05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	REL.	DER.	REL.	DER.	REL.	DER.
1	1		1		1	
2		1		1		1
3		2		2		2
4		⑦		⑦		⑦
5	1		1		1	
6		1		1		1
7		2		2		2
8		2		2		2
9	1		1		1	
10		1		1		1
11	1		1		1	
12		1		1		1
13		⑦		⑦		⑦
14		⑦		⑦		⑦
15	1		1		1	
16	1		1		1	
17	1		1		1	
18		⑦		⑦		⑦
19		⑦		⑦		⑦
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TOTAL REL.	7		7		8	
TOTAL DER.	16		17		19	
TOTAL CLASS	23		24		27	

	REL.	DER.	REL.	DER.	REL.	DER.
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TOTAL REL.						
TOTAL DER.						
TOTAL CLASS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy